

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/659525 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

*Amended* CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	3		2		3	
TOTAL DEP.	19		13		13	
TOTAL CLAIMS						

	IND.		DEP.		IND.	
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BEST AVAILABLE COPY